#4 9-21-87-03-co

In the United States Patent and Trademark Office

Serial Number: 09/846,652 Application Filed: 05/01/01

Applicants: Vincent Moneymaker and Anthony Gaw

Application Title: Comprehensive Third-Party Transactional

Processing and Payment in an Online Environment

Mailed: July 27, 2001 At: 700 S. Flower Street Suite 2102

Los Angeles, CA 90017

INFORMATION DISCLOSURE STATEMENT

Assistant Commissioner of Patents Washington, District of Columbia 20231

Sir or Madam:

Attached is a completed Form PTO/SB/08 and copies of the pertinent parts of the references cited thereon.

Very respectfully,

Applicants: Vincent Moneymaker and Anthony Gaw

Telephone No.: (213) 622-1088

CERTIFICATE OF MAILING

I certify that this correspondence will be deposited with the United States Postal Service as first class mail with proper postage affixed in an envelope addressed to: "Assistant Commissioner for Patents, Washington, DC 20231" on the date set forth below.

Date: July 27, 2001.

, Applicant

Please typ	pe a plus si	gn (+) inside	this box 🗃	Y Y
------------	--------------	---------------	------------	-----

PTO/SB/08A (08-00)
Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449A/PTO

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(use as many sheets as necessary)

2

Sheet 1 of

Complete if Known				
Application Number	09/846,652			
Filing Date	05/01/2001			
First Named Inventor	VINCENT MONEYMAKER			
Group Art Unit				
Examiner Name				
Attorney Docket Number				

	U.S. PATENT DOCUMENTS						
Examiner Initials*	Cite No. ¹	U.S. Patent Number	Document Kind Code ² (# known)	Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document MM-DD-YYYY	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	
	AA	5822737		Ogram	10-13-1998	_	
	AB	6047266		Van Horn	04-04-2000		
			-				
			++				
			- - -				
			<u> </u>		<u> </u>		

				FORE	IGN PATENT DOCUMENT	rs		
Examiner Cite Initials No.1	Foreign Patent Document			Name of Patentee or	Date of Publication of	Pages, Columns, Lines, Where Relevant		
		Office ³	Number ⁴	Kind Code ⁵ (if known)	Applicant of Cited Document	Cited Document MM-DD-YYYY	Passages or Relevant Figures Appear	Le
		ļ ļ			9/9/20			
								╁
								
								\vdash
				1 1				1

Examiner	Date	
Signature	Considered	

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U. S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

^{*}EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Unique citation designation number. ² See attached Kinds of U.S. Patent Documents. ³ Enter Office that issued the document, by the two-letter code (WPO Standard ST.3). ⁴ For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵ Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. ⁶ Applicant is to place a check mark here if English language Translation is attached.

Please type a	plus sign	(+) inside this box	→	$\lceil \mathbf{x} \rceil$
		• •	•	Λ

2

of

2

Sheet

PTO/SB/08B (08-00)

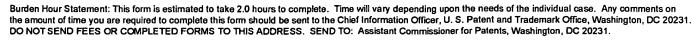
Approved for use through 10/31/2002, OMB 0651-0031 U. S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

der the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. Complete if Known Substitute for form 1449B/PTO **Application Number** 09/846.652 INFORMATION DISCLOSURE **Filing Date** 05/01/2001 EMENT BY APPLICANT **First Named Inventor** VINCENT MONEYMAKER **Group Art Unit Examiner Name** (use as many sheets as necessary)

Attorney Docket Number

OTHER PRIOR ART NON PATENT LITERATURE DOCUMENTS				
Examiner Initials	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T²	
,				
Examine Signatur		Date Considered		

¹ Unique citation designation number. ² Applicant is to place a check mark here if English language Translation is attached.



^{*}EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.